

Demographic Information Form

Current Name:

Title:

Last Name: Stebbins

First Name: David

Suffix:

Salutation:

Use this
Name?

Middle Initial:

Date of Birth: 988

SSN:

WIOA ID: AR7700273730

Gender: M

Current Addresses:

Facility:

Street: 123 W. Ridge

Suite/Apt: D

Zip: 72601

City: Harrison

State: AR

County Cd.: 009

County: Boone

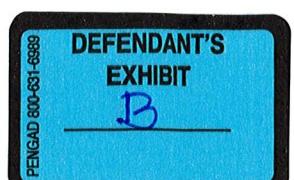
Mail Here? Main Residence? Archive?

Archived Date:

Telecom: Phone #

Home:

Cell: (870)204-6516

Text
Only?

ARS 1

Team Assignment

Assigned to: Start Date: End Date: Primary?

Worker Assignment

Assigned to: Start Date: End Date: Primary?
CATERINA MATHENY 12/01/2015 N
KARLA YOCHUM 05/26/2016 N

Contacts:

Contact Originating Form: Referral Specifics

Last Name: Disability Rights Arkansas First Name:
Title:

Contact Type: Professional (Not Educator)

Referral Specifics

Individual being referred: David Stebbins
Social Security:

Who took this referral?

Worker's Compensation? N

Are you Currently Receiving:

SSI for Aged? N
SSI for Disabled? Y
SSDI? N

Assistance Requested:

Assistance with attending Arkansas Tech in Russellville

Self Referral?

Individual Making Referral:

Last Name: Disability Rights Arkansas First Name:

Title:

Contact Type: Professional (Not Educator)

Reason for Referral:

What is your disability?
Asperger's

Are you Employed? N

Target Group: VR

Referral Source: Other Sources

Primary Counselor(s):
AMY JONES CRC**Client's Office:**
Fayetteville**Caseload Assignment**Assigned to:
JONES, AMY CaseloadStart Date: End Date: Primary?
12/17/2015 Y**Team Assignment**

Assigned to: Start Date: End Date: Primary?

Worker AssignmentAssigned to:
CATERINA MATHENYStart Date: End Date: Primary?
12/01/2015 N

KARLA YOCHUM

Start Date: End Date: Primary?
05/26/2016 N

Referral Received Date: 12/01/2015

STATE OF ARKANSAS

Asa Hutchinson
Governor

Charisse Childers, Ph.D.
Director



Arkansas Career Education
Division of Rehabilitation Services
Alan McClain, Commissioner

715 W. SHERMAN, SUITE E
HARRISON, AR 72601
(870)741-7153

<http://www.arsinfo.org>
An Equal Opportunity Employer

APPLICATION FOR SERVICES

NAME David Stebbins

I understand that I am responsible to help the Arkansas Rehabilitation Services (ARS) to determine my eligibility within 60 days of my application. I will be an applicant when I have:

- Signed the bottom of this form,
- Completed a ARS Intake Questionnaire, and
- Helped ARS to begin to get information that is needed to decide if I am eligible for services.

I understand that all of the information that ARS gathers about me will be confidential. This information will not be released to anyone without my informed written consent, except where allowed or required by law. It may be released if my actions cause serious concern about my safety or the safety of others. When ARS receives the information about me ARS will review it to determine if I am eligible for vocational rehabilitation services.

I understand that ARS can only pay for services if ARS writes an authorization before the services begin. I will not make promises to others that ARS will pay for any goods or services.

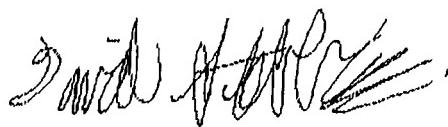
ARS has given me information about the Client Assistance Program (CAP) that is available in Arkansas (**see reverse**).

My counselor has explained the Order of Selection policy to me.

I understand that ARS may get information about my Social Security or Department of Social Services benefits, as well as Department of Labor employment records, for purposes of my vocational rehabilitation program.

If I disagree with any decision made by ARS (see Consumer Handbook for more information):

- I should first speak with my counselor to try to work out the problem.
- I also have the right to request an Administrative Review by the District Manager, mediation and/or Impartial Hearing.
- I must make a request for these steps within 30 days after they have notified me of the decision I disagree with.
- If I want to request an Administrative Review, I must send my request to the ARS District Manager in my area.
- If I want to request mediation or an Impartial Hearing, I must send my request to the ARS Commissioner, Arkansas Career Education, Division of Rehabilitation Services.



12/01/2015 13:27:12

David Stebbins

David Stebbins
Client

12/01/2015
Date

KEVIN COOK
Name of Counselor

Harrison
Office

(870)741-7153
Telephone

WHEN YOU HAVE QUESTIONS:

If you do not understand what is happening with your application for services, or what is expected of you, or you have any other questions, first talk to your counselor. If this does not solve your concerns or answer your questions, you are then encouraged to speak to your counselor's supervisor and/or District Manager.

You can find information about ARS services, the ARS eligibility process, and about what to do if you disagree with ARS in the ARS Consumer Handbook.

ANOTHER SOURCE OF ASSISTANCE IS THE:

CLIENT ASSISTANCE PROGRAM

WHAT IS THE CLIENT ASSISTANCE PROGRAM (CAP)?

CAP is a program to help you to understand your rights under the vocational rehabilitation program or help you if you have problems receiving services from the . CAP can provide advice, representation, or legal assistance, if appropriate.

All services are free of charge and provided on a non-discriminatory basis.

Professional Disclosure Form – Arkansas Rehabilitation Services

The purpose of public vocational rehabilitation is to assist eligible persons with disabilities in achieving an employment outcome. This outcome may be returning to your former job or obtaining a job in a new field. You and your counselor will work together to find a job that you are physically and mentally able to do that is as close as possible to your vocational goals.

You will be working with a person who is a qualified rehabilitation counselor (RC) or is being supervised by one. You will be assigned a RC. If you are not satisfied at any time, you can inform your RC, his/her supervisor, or the state agency that handles such complaints. If you feel the RC has acted in an unethical manner, you should contact the Commission on Rehabilitation Counselor Certification.

To be eligible for vocational rehabilitation services, you may first be asked to take part in an evaluation. As much as possible, your RC will use information already available in your file. However, your RC may need you to sign a release of information form so that more information can be gathered. Additional tests, exams, or evaluations may be necessary to determine if you qualify for vocational rehabilitation services.

If you are eligible for vocational rehabilitation services, you and your RC will jointly develop an Individual Plan of Employment (IPE). The IPE spells out your vocational goals and the services that will be provided in order to help you reach those goals. It is important that you exercise your consumer choice by actively participating in the development of the IPE. Some of the services that may become a part of the IPE include the items listed below. Your RC will explain each service to you.

- Evaluation for vocational rehabilitation needs
- Physical restoration
- Counseling and guidance
- Supported employment
- Educational training
- Assistive technology, services, and equipment
- Job development and placement
- Employment retention and follow-up services

The types of services provided will depend on your particular needs. You and your RC are expected to work together to identify the comprehensive services that you will need. The timeframe of your IPE depends upon your goals and your progress. Your IPE can be reviewed and changed by you and your RC as appropriate.

One very important part of your relationship with your RC is confidentiality. Personal information related to your rehabilitation services may be recorded in your file. This information will be kept private except as follows:

- If you have signed a release of information form that allows information to be shared.

That form will state who receives what information. While your signature is voluntary, you need to be aware that your decision not to sign means that information cannot be shared with other providers. Thus, it may impact the implementation of your IPE.

- If your RC believes you are going to harm or endanger yourself or others, he/she is required to notify the endangered individual(s), the proper authorities and/or officials.
- If your RC believes you are going to harm or endanger or abuse children or the elderly, he/she must report this to state or local authorities.
- If your RC or this agency is sued or court ordered and a properly issued subpoena is received, then information in your file may be released.
- If you are a minor or *not* your own legal guardian, then the information in your file may be available to your legal guardian or advocate.

It is important to remember that the goal of the RC is to help you secure a satisfactory job and that services must be related to that goal. It is also important to know that the RC will, at all times, try to act in your best interest and protect you from unnecessary risk.

Before signing this form, your RC will review the following topics with you.

- The RC's roles and responsibilities
- Your roles and responsibilities
- The RC's approach or method
- Legal issues affecting services
- Confidentiality and limitations regarding confidentiality
- Creating and using the IPE
- Goals and types of services provided
- Types of services not provided
- Risks and benefits associated with services
- Who to contact in the event the RC is unavailable

By signing this form, I attest that I have discussed the aforementioned topics with my RC and that I understand the information discussed as well as the information contained within this document.



2/01/2015 13:42:52

David Stebbins

David Stebbins
Client

12/01/2015
Date

KEVIN COOK
Vocational Rehabilitation Counselor

12/01/2015
Date

ARKANSAS REHABILITATION SERVICES
AUTHORIZATION FOR RELEASE OF INFORMATION

Name David Stabbins Birth Date 88 Social Security Numbe. _____

1. I hereby authorize use or disclosure of protected health/vocational information about me as described below.
2. The following individual/institution or organization is authorized to make the disclosure:

Dr. Victor Chu/Medical Recorder Address _____

3. This information may be disclosed to and used by the following individual or organization:
Attn. Of: Arkansas Rehabilitation Services

Counselor Karen Cook M.R., C.R.C.
Address 715 W. Sherman Suite E
Harrison, AR 72601

for the purpose of Establish eligibility for vocational rehabilitation services
 Develop a vocational program for individual
 Determine need for/or type of treatment
 Other (specify) _____

The specific type of information to be used or disclosed is as follows:

- | | |
|--|--|
| <input checked="" type="checkbox"/> History & Physical Examination | <input type="checkbox"/> Medication List |
| <input checked="" type="checkbox"/> Discharge Summary | <input type="checkbox"/> List of Allergies |
| <input type="checkbox"/> Office Notes | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> Laboratory Results | <input type="checkbox"/> X-Ray and Imaging Reports |
| <input type="checkbox"/> Consultation Reports regarding _____ | |
| <input checked="" type="checkbox"/> Vocational Records | |
| <input type="checkbox"/> Other _____ | |

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
5. I understand I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the entity that was authorized to release information. I understand the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire 12 months following the date signed by me.
6. I understand that authorizing the disclosure of this health information is voluntary. I understand any disclosure of information carries with it the potential for re-disclosure and the information may not be protected by federal confidentiality rules (HIPAA).

8. Health information may be faxed: Yes X No _____ (initial appropriate space)

9. An electronic copy of the authorization will be as valid as the original.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING

David Stabbins
Signature of Individual/Representative

12-1-2015

Date

Relationship to Individual if signed by Representative

Signature of Witness

STATE OF ARKANSAS



Asa Hutchinson
Governor

Department of Career Education
Arkansas Rehabilitation Services
D. Alan McClain, *Commissioner*

Dr. Charisse Childers
Director

Arkansas Rehabilitation Services

Kevin Cook, MA, CRC
Vocational Rehabilitation Counselor

FAX
CONFIDENTIAL

TO: Dr. Victor Chu/Crossroads Medical Clinic
Fax Number: 870-741-6800
From: Kevin Cook, MA, CRC
Fax Number: 870-741-7231
Date: 12/01/2015
Regarding: Medical Recorder for present or pass 3 years
Number of Pages: 1
Phone Number for follow-up: 870-741-7153

COMMENTS: Medical Recorder for eligibility for services. If you have any questions please call 870-741-7180 for Caterina Matheny, Administrative Specialist II or the Counselor Kevin Cook on Tuesday and Thursday at 870-741-7153 or on Monday, Wednesdays, and Friday at 479-583-1286. Thank you.

PROHIBITION OF REDISCLOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS THAT ARE CONFIDENTIAL. YOU ARE PROHIBITED FROM USING THE INFORMATION FOR OTHER THAN THE STATED PURPOSE, FROM DISCLOSING IT TO ANY OTHER PARTY WITH OUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, AND ARE REQUIRED TO DESTROY THE INFORMATION AFTER THE STATED NEED HAS BEEN FULFILLED OR AS OTHERWISE PERMITTED BY LAW. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE.

TRANSMISSION VERIFICATION REPORT

TIME : 12/01/2015 16:08
NAME : AR REHAB SERV
FAX : 8707417231
TEL : 8707417153
SER. # : BROH6J529120

DATE, TIME	12/01 16:07
FAX NO./NAME	98707416800
DURATION	00:00:34
PAGE(S)	02
RESULT	COVERPAGE
MODE	OK
	STANDARD
	ECM

STATE OF ARKANSAS



Asa Hutchinson
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Department of Career Education
Arkansas Rehabilitation Services
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Arkansas Rehabilitation Services

Kevin Cook, MA, CRC
Vocational Rehabilitation Counselor

FAX
CONFIDENTIAL

To: Dr. Victor Chu/Crossroads Medical Clinic
Fax Number: 870-741-6800
From: Kevin Cook, MA, CRC
Fax Number: 870-741-7231
Date: 12/01/2015
Recording: Medical Recorder for present or past 3 years

ARKANSAS REHABILITATION SERVICES
AUTHORIZATION FOR RELEASE OF INFORMATION

Name David Stabbins Birth Date 1-18-88 Social Security Number _____

1. I hereby authorize use or disclosure of protected health/vocational information about me as described below.
2. The following individual/institution or organization is authorized to make the disclosure:

Dr. Robert Frenel

Address _____

3. This information may be disclosed to and used by the following individual or organization:

Attn. Of: **Arkansas Rehabilitation Services**

Counselor Karen Cook M.R., CRC
Address 715 W. Sherman Suite E
Harrison, AR 72601

for the purpose of Establish eligibility for vocational rehabilitation services
 Develop a vocational program for individual
 Determine need for/or type of treatment
 Other (specify) _____

The specific type of information to be used or disclosed is as follows:

- | | |
|--|--|
| <input checked="" type="checkbox"/> History & Physical Examination | <input type="checkbox"/> Medication List |
| <input checked="" type="checkbox"/> Discharge Summary | <input type="checkbox"/> List of Allergies |
| <input type="checkbox"/> Office Notes | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> Laboratory Results | <input type="checkbox"/> X-Ray and Imaging Reports |
| <input type="checkbox"/> Consultation Reports regarding _____ | |
| <input checked="" type="checkbox"/> Vocational Records | |
| <input type="checkbox"/> Other _____ | |

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
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THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING

David Stabbins
Signature of Individual/Representative

12-01-2015
Date

Relationship to Individual if signed by Representative

Signature of Witness

STATE OF ARKANSAS



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Department of Career Education
Arkansas Rehabilitation Services
D. Alan McClain, *Commissioner*

Dr. Charisse Childers
Director

Arkansas Rehabilitation Services

Kevin Cook, MA, CRC
Vocational Rehabilitation Counselor

FAX

CONFIDENTIAL

TO: Robert Frenal/Vantage Point
Fax Number: 870-741-2722
From: Kevin Cook, MA, CRC
Fax Number: 870-741-7231
Date: 12/01/2015
Regarding: Medical Recorder for present or pass 3 years
Number of Pages: 1
Phone Number for follow-up: 870-741-7153

COMMENTS: Medical Recorder for eligibility for services. If you have any questions please call 870-741-7180 for Caterina Matheny, Administrative Specialist II or the Counselor Kevin Cook on Tuesday and Thursday at 870-741-7153 or on Monday, Wednesdays, and Friday at 479-583-1286. Thank you.

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TRANSMISSION VERIFICATION REPORT

TIME : 12/01/2015 16:09
NAME : AR REHAB SERV
FAX : 8707417231
TEL : 8707417153
SER. #: BROH6J529120

DATE, TIME	12/01 16:09
FAX NO./NAME	98707412722
DURATION	00:00:39
PAGE(S)	02
RESULT	COVERPAGE
MODE	OK
	STANDARD
	ECM

STATE OF ARKANSAS



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Department of Career Education
Arkansas Rehabilitation Services
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Dr. Charisse Childers
Director

Arkansas Rehabilitation Services

Kevin Cook, MA, CRC
Vocational Rehabilitation Counselor

FAX
CONFIDENTIAL.

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Fax Number: 870-741-2722
From: Kevin Cook, MA, CRC
Fax Number: 870-741-7231
Date: 12/01/2015
Regarding: Medical Recorder for present or pass 3 years

STATE OF ARKANSAS



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Arkansas Rehabilitation Services

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Fax Number: 870-741-2722
From: Kevin Cook, MA, CRC
Fax Number: 870-741-7231
Date: 12/01/2015
Regarding: Medical Recorder for present or pass 3 years -
Number of Pages: 1
Phone Number for follow-up: 870-741-7153

~~NO records on~~
NO records on
this patient

COMMENTS: Medical Recorder for eligibility for services. If you have any questions please call 870-741-7180 for Caterina Matheny, Administrative Specialist II or the Counselor Kevin Cook on Tuesday and Thursday at 870-741-7153 or on Monday, Wednesdays, and Friday at 479-583-1286. Thank you.

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Social Security Administration
Supplemental Security Income
Important Information

SOCIAL SECURITY
131 W INDUSTRIAL PK RD
HARRISON AR 72601

Date: October 31, 2015
Claim Number:

000000328 I=000000 1024 2 COM
3281 MB 0.436
A87 15S103G40013
DAVID ANTHONY STEBBINS
123 W RIDGE APT D
HARRISON AR 72601-4236

We are writing to tell you about changes in your Supplemental Security Income (SSI) record. This action does not change your current payment amount.

Your Payments Will Be As Follows:

From	Through	Amount Due Each Month
December 1, 2015	Continuing	\$733.00

When You Will Receive Your Payments

Your bank or other financial institution will receive your monthly payment of \$691.40 around December 1, 2015, and on the first of each month after that.

Information About Your SSI Payments

By withholding \$41.60 from the December 2015 payment, we will complete recovery of all overpayments on your account that can be collected through benefit withholding.

See Next Page

SSA 18186

Client Contact Note

Client Name: David Stebbins

Date: 12/01/2015

Description: Case Note

Whose Note: KEVIN COOK

For Program: VR

Status: 02

Type of Contact: Face to Face Location: Office

[Flag this Contact Note?](#)

Note:

David is a 27 year old male who was referred by Disability Rights Arkansas. Client lives by himself and receives disability benefits for Asperger's per his medical records. Counselor asked if there are additional doctors and Dr. Robert Frenal and Dr. Chu have been sent release of information forms.

He told me I was against him as soon as he set down. I explained that my goal is to work with him so that together we can find a way for him to be successful in his goals.

Client has attended NAC in Harrison but was not able to complete his studies. He reported attending U of A Fayetteville but said he was kicked out. Client was not cooperative so not able to discuss his grades and obtaining copies. Counselor will suggest RIDAC testing for evaluation and the need to have a copy of transcripts from both NAC and U of A.

Client smelled like he has not taken a bath in along time. Hygiene will be a sensitive topic that will have to be discussed at some point.

He emailed me several times requesting a copy of the questions he would have to answer so he could have time to think through them. He also states that his family is against him and everyone he meets is out to get him - "The whole world hates me." was another comment. David said, "all I have is myself and my 10,000 roaches I live with." Counselor told him I am here because I genuinely care and want what is best for him.

Client said he needs assistance with paying for college. Counselor told him we can assist with funding but he must apply for pell grants, FASFA, loans, etc. to pay his part. Client

said he has loans of over \$40,000 and needs extra funding. Counselor explained that ARS policy allows for paying for expenses for attending college and for extenuating circumstances we can go up to \$2,500 per semester or \$5,000 a school year. Client explained he has extenuating circumstances that requires more assistance. He said he needs funds for moving to Russellville to attend Arkansas Tech, to pay for an apartment, summer school so he will not have to find another place to live, travel if an apartment is required too far from campus and living expenses.

Here is the latest email from Mr. Stebbins (12/02/2015):

I've looked up the costs of attendance to see how much extra money I'll need. Take a look at these two links:

http://www.atu.edu/academics/catalog/colleges/applied_science/dept_comp_info_sci.html
www.atu.edu/stuaccts/tuitionfees.php

As you can see from the first link, the semester where I'll have the most credit hours is the second freshman semester, where I'll have 17 hours.

According to the second link, that means my cost of attendance, per semester, will be ...
\$3,655 for tuition
\$731 in student fees
\$1,596.00 for a residence hall (because remember, I don't have a car).
\$15 for a mandatory P.O. box, and
\$1,274.00 for a meal plan that lets me have two meals per day.

Add it all up, and that comes out to \$7,271.00 per semester.

I can probably get the maximum pell grant. However, A) that doesn't help me in the summer semester (because as I said before, I absolute HAVE to take summer semesters because I won't have a home to go back to), and B) that still puts me \$4,383.50 in the red, per semester.

So, I would need \$16,038 per year from you. That amounts to an increase of \$11,038 in "extenuating circumstances" funds.

On Tue, 12/1/15, Kevin Cook <Kevin.Cook@arkansas.gov> wrote:

Subject: RE: Another extenuating circumstance
To: "David Stebbins" <stebbinsd@yahoo.com>
Date: Tuesday, December 1, 2015, 2:59 PM

thanks

-----Original Message-----

From: David Stebbins [mailto:stebbinsd@yahoo.com]

Sent: Tuesday, December 1, 2015 2:23 PM

To: Kevin Cook

Subject: Another

extenuating circumstance

Dear Mr. Cook,

On my way back home, I remembered another extenuating circumstance that you could forward to your boss:

I need assistance in making the one-way trek to ATU campus. That'll easily cost about \$500, since I'll have to take ALL my possessions with me

Please include that in your report.

Thank you.

David Stebbins

As you can see from all of this additional medical records are needed and were requested as something else seems to be going on with Mr. Stebbins. Counselor will inform Mr. Stebbins that his requirements are more than ARS can provide do to our policy of spreading out of funds to assist as many people as possible and that the \$5,000 per year max limit is set to enable us to reach that goal. Counselor will also inform client that we can help with job placement services in lieu of school if he cannot obtain additional funding due to his current \$40,000 debt. KDC

Assign this as a task to:



12/1/15

med. brought in

by
David

St. Bernards Medical Center
225 East Jackson
Jonesboro, AR 72401

Patient Name: STEBBINS,DAVID
Account # SV0131867699
Med Rec #: SM07090944
Age: 26
DOB: 1988
Hospital Service: IN01M
Room #: 305-0B
Admit Date: 04/25/15
Admitting Doctor: WEEKS, ELOISE E MD
Attending Doctor: WEEKS, ELOISE E MD
Documented By: SMITH,MARK M MD
Date and Time: 04/24/15 0501
Primary Care Provider:

ER Physician Documentation

STATUS: Signed

General History Present Illness

- General

****Description/Onset of Symptoms:** ems states transported here for further eval of possible overdose on bleach, drank approx 3 cups of bleach, patient states pain to stomach and throat, no burning to lips or mouth noted in er.

****Information Source:** ems/self

Exam Limitations: Clinical Condition, Physical Impairment

- History of Present Illness

Initial Comments:

26-year-old male transferred to this facility from an emergency room in Harrison Arkansas the history that he ingested some liquid bleach earlier yesterday and an apparent suicidal attempt. The patient is here alone he has Asperger's syndrome and is not particularly cooperative and obtaining his history. Patient states he drank about 3 cups of an unknown brand-name bleach which he bought at a Dollar store. The color of the bottle was clear. This is the extent of the information he is willing or able to give me as far as the nature of his ingestion. Patient states he has vomited 3 times since his ingestion vomited what he describes as "bleach", and blood. He denies any respiratory symptoms. Patient complains of pain in his epigastric area through the middle of his chest and up into his mouth and oral cavity which he complains is also painful. The patient is a sleepy arouses easily as noted above is not very cooperative with obtaining history he does respond coherently and answers most questions with one or 2 word responses.

Symptom Location: Neck, Chest, Abdomen, Generalized

Timing/Duration: yesterday

Quality/Severity: Moderate

Allergies/Adverse Reactions:

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time	
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ER Physician Documentation

Continued
2

ER Physician Documentation

STEBBINS,DAVID

Account #: SV0131867699

[No Known Allergies] [Allergy] | [Verified] [04/24/15 04:47]

Home Medications:

Ambulatory Orders

Medication	Instructions	Recorded
NK [No Known Home Meds]		04/24/15

Past Medical History

- **Past Medical History**

Past Medical History: Yes

- **Cardiovascular**

History of Cardiovascular Disease: No

- **HEENT**

History of HEENT Problems: No

- **Respiratory**

History of Respiratory Problems: No

- **Gastrointestinal**

History of GI Problems: No

- **Genitourinary**

History of GenitoUrinary Problems: No

- **Endocrine**

History of Endocrine Problems: No

- **Musculoskeletal**

History of Musculoskeletal Problems: No

- **Reproductive**

History of Male Problems: No

- **Integumentary**

History of Skin Problems: No

- **Neurological**

History of Neurological Problems: No

- **Cancer**

History of Cancer: No

- **Hematologic**

History of Hematologic Problems: No

- **Autoimmune**

ER Physician Documentation

Continued
3

ER Physician Documentation

STEBBINS,DAVID

Account #: SV0131867699

History of Autoimmune Problems: No

- Psychosocial

Hx Psychosocial Problems: Yes

Psychosocial History: Aspergers Disease, Depression

Psychosocial History Comment: IED

Past Surgical History

- Surgical History

Surgical History: Yes

Surgical History: Hernia Repair, Inguinal

Social History

- History of Tobacco Use

Smoking Cessation: Never Smoker

- History of Alcohol Use

Alcohol Use: No

- History of Drug Use

History of Drug Use: No

- Living Arrangement

Lives with: Family

Review of Systems

- Review of Systems

Review of Systems: All other systems reviewed and negative - pt is not overly cooperative, thus accuracy of history is in question

EENTM: Mouth Pain, Throat Pain

Respiratory: denies: Short Of Breath

Cardiology: Chest Pain

Gastrointestinal/Abdominal: Abdominal Pain

Musculoskeletal: No Symptoms Reported

Skin: No Symptoms Reported

All Other Systems: Reviewed and Negative

- Review

I have documented the ROS for this visit: Yes

ED MD Exam

- General

Pulse Oximetry Interpretation as ____%: 98

Type: Room Air

Pulse Oximetry Adequacy: Normal

- Physical Exam

General Appearance: WD/WN, No Apparent Distress

Eyes, Ears, Nose, Throat Exam: Normal ENT Inspection - no visible burns/lesions/irritation of lips

ER Physician Documentation

Continued
4

ER Physician Documentation

STEBBINS,DAVID

Account #: SV0131867699

tongue or oral cavity.

Neck: Non-Tender, Normal Inspection

Respiratory: Chest Non-tender, No Respiratory Distress

Cardiovascular/Chest: Regular Rate, Rhythm

Abdominal Exam: Normal Bowel Sounds, Soft, Tenderness. negative: Distended, Guarding, Rebound

Extremities Exam: non-tender, no edema

Neurological: No focal neuro/motor deficit. negative: alert

Eye contact: Uncooperative

Skin Exam: Normal Color

- Reviewed

I have documented the PE for this visit: Yes

Course

- Course

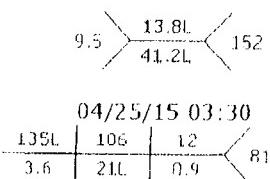
Orders, Labs, Meds:

Vital Signs - 24 hr

	104/24/15
	04:37
Temperature	98.6 F
Pulse Rate [100 H
Left Pulse Ox]	
Respiratory	21
Rate	
Blood Pressure	128/92
[Left Arm	
Sitting]	
O2 Sat by Pulse	98
Oximetry	

Result Diagrams:

04/25/15 03:30



ED MD Note

- Physician Note

ED MD Note:

04/24/15 05:11

SBBH evaluated/agrees to accept pt when medically cleared.
D/W Dr Merryman UNA, admit obs for Dr Holder,

ER Physician Documentation

Continued
5

ER Physician Documentation

STEBBINS,DAVID

Account #: SV0131867699

ED MD Medicaid Statement

- Medicaid Statement

Patient Status by Prudent Layperson's Definition: Emergent
Patient: Treated in ED

Departure

- Departure

Disposition: Admit as Observation

Discharge Problem/Impression:

Ingestion of bleach, Suicidal ideation, Asperger's syndrome, History of hematemesis, Esophagitis, acute

Condition: Fair

Home Medications:

Ambulatory Orders

NK [No Known Home Meds]

Signature: MARK M SMITH MD

<Electronically signed by MARK M SMITH MD> 04/26/15 0503

MSMITH1/MMS
DD/DT: 04/24/15 0501
ID/TT: 04/24/15 0501

CC:

ER Physician Documentation

St Bernards Medical Center 225 East Jackson Jonesboro, AR 72401
Hospitalist H&P

Patient Name: STEBBINS,DAVID
Account #: SV0131867699 **Med Rec #:** SM07090944
Admit Date: 04/24/15 **DOB:** 8 **Age:** 26 **Sex:** M
Date and Time: 04/24/15 0552 **Status:** Signed

Hospitalist History & Physical

Chief Complaint: "There is no justice in the world"

HPI:

Pt is a 36 yr old male that was transferred here from North Arkansas Regional medical center after reports of intention to harm himself by drinking bleach. Pt has a history of Asperger's. He was taken to ED after reports of drinking three cups of bleach to commit suicide. He states he drank the bleach because "there is no justice in the world". He complains of throat, abdomen and chest pain. He denies nausea, vomiting diarrhea. Transfer paperwork states he drank 32 oz of household bleach and vomited bright red blood at home. He denies drug or alcohol ingestion. He is very short with answers and refuses to answer most questions. No family at bedside, information obtained from transfer paperwork.

- Past History

Medical History:

Asperger's syndrome

Surgical History:

Hernia Repair, Inguinal

Family History:

No known family history

Social History:

Never Smoker

Denies alcohol

denies illicit drugs

- Review of Systems

except as per HPI

Constitutional: Denies: weight loss, fever, chills, night sweats, change in appetite, other

Ears/Nose/Throat: Denies: tinnitus, otalgia, epistaxis, post nasal drip, voice changes, other

Cardiovascular: Confirms: chest pain. Denies: heart palpitations, edema, orthopnea, other

Respiratory: Confirms: hemoptysis. Denies: SOB, wheezing, DOE, cough, sputum, other

Gastrointestinal: Confirms: vomiting. Denies: nausea, diarrhea, melena, hematochezia, change in stool, odynophagia, anorexia, dyspepsia, other

Genitourinary/Gynecologic: Denies: dysuria, hematuria, urgency, frequency, incontinence, pelvic

Hospitalist H&P

Continued

Hospitalist H&P

STEBBINS,DAVID

SV0131867699

pain, vaginal bleeding, discharge, last menses, other

Musculoskeletal: Denies: arthralgia, myalgia, weakness, trauma, frequent falls, other

Neurologic: Denies: dizziness, confusion, tremor, headache, focal weakness, paresthesia, ataxia, dysarthria, memory loss, other

Endocrine: Denies: heat/cold intolerance, polyuria, polyphagia, polydipsia, other

Psychologic: Confirms: suicidal ideation. Denies: fear, anxiety, tearful, worthless, other

Integumentary/Breast: Denies: rashes, masses, ulcerations, tattoos, tenderness, implants, discharge, other

Hematologic/Lymphatic: Denies: bleeding or bruising easily, swollen lymph nodes, history of blood transfusion, anemia, other

Allergic/Immunologic: Denies: asthma, hives, eczema, rhinitis, pruritus, other

Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox
98.6 F	100 H	21	128/92	98
04/24/15 04:37	04/24/15 04:37	04/24/15 04:37	04/24/15 04:37	04/24/15 05:12

- Physical Exam

Constitutional/Psychiatric: alert, oriented to time, oriented to place, oriented to person

Head: normocephalic, atraumatic, no sinus tenderness

Neck: supple, trachea midline, no thyromegaly

Eyes: PERRL, EMOI, no icterus

Ears: hears ordinary conversation, tympanic membranes intact bilateral

Nose: nares patent and functional, turbinates not inflamed, other

Mouth/Throat: uvula midline, pharynx not injected, tongue midline, moist mucous membranes, other

Cardiovascular: regular rate, regular rhythm, without murmur

Respiratory: clear to auscultation bilaterally, no wheeze, no rales, no rhonchi, chest wall moves symmetrically with inspiration, chest wall moves symmetrically with expiration

Gastrointestinal: soft, nontender, nondistended, positive bowel sounds, no organomegaly palpated

Musculoskeletal: no costovertebral angle tenderness, equal strength upper extremities, equal strength lower extremities

Peripheral Pulses: Dorsalis-Pedis (L): 2+, Dorsalis-Pedis (R): 2+, Radial (L): 2+, Radial (R): 2+

Lymphatic: no neck adenopathy, no supra/intraclavicular adenopathy, no axillary adenopathy, no inguinal adenopathy

WBC-14.9

Hgb-17.1

Hct-49.3

Plt-265

Na-139

K-3.3

Cl-106

CO2-20

BUN-20

Hospitalist H&P

Continued

Hospitalist H&P

STEBBINS,DAVID

SV0131867699

Cr 1.1
UDS-all negative

Pertinent labs reviewed, Pertinent vital signs reviewed

- **VTE Prophylaxis**

VTE Prophylaxis: TEDs & SCDS

<KAUFFMAN,ANDREW W RN - Last Filed: 04/24/15 05:52>

- **Past History**

Surgical History:

Hernia Repair, Inguinal

Social History:

Never Smoker Incapacitated

Physician Addendum:

Pt seen/examined. Agree with H&P, PE and summarized A/P. See orders.

<MERRYMAN,DARON E - Last Filed: 04/24/15 06:58>

- **Allergies & Home Medications**

Allergies

No Known Allergies Allergy (Verified 04/24/15 04:47)

Signature: ANDREW W KAUFFMAN RN
DARON E MERRYMAN MD

<Electronically signed by DARON E MERRYMAN MD> 04/24/15 0658

Hospitalist H&P

STEBBINS, DAVID
PT: SV0131867699
SEX: M DOB:
DT: 04/25/2015

38 AGE: 026
MR:SM07090944



SBHU3012

ST. BERNARDS
MEDICAL CENTER
Behavioral Health Unit
Jonesboro, AR

ADULT ADMISSION
PSYCHIATRIC EVALUATION

Date of admission 4/25/15 Type of admission: Voluntary
Date of evaluation 4/26/15 Involuntary
Admitting physician SBMC NEVICK - Transfer from NARMC.
Attending physician Weeks
Orienting statement: 26 y/o LF, single, unemployed. Lives alone in Harrison, AR
Chief complaint:

"I tried to kill myself by drinking bleach."

26 y/o Cll i pthx of Aspergers Syndrome per chart.

History of present illness: Transferred from NARMC to SBMC NEVICK after intentionally swallowing 3 cups of bleach. Trigger: "There is no justice, the government is corrupt." Reports he is suing his father following altercation w/ father where father hit pt and then cut himself and blamed on pt. He was arrested in 2011 and court did not rule in his favor. Therefore, pt. has been focused on "how corrupt the government is." Voiced IT toward corrupt government officials and expressed if suicide has the way to be without pain, he would act on it. Onset ST age 18y/o.

Past Psychiatric treatment/history: Vista Health in Fort Smith: 2007 - recent Outpt. - none

decline in mood 2 mo ago. Rates

DSM prior to admission

depression, anxiety,

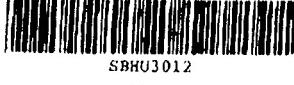
Family Psychiatric history: None reported

hopeless, despair.

Initial Response: Odd, slgth, Abnormal psychilogy A. is very short i answers and refused to answer majority of questions

STEBBINS, DAVID
PT: SV01318676aa
SEX: M DOB:
G DT: 04/25/2015

B AGE: 026
MR:SM07090944



SBHU3012

ST. BERNARDS
MEDICAL CENTER
Behavioral Health Unit
Jonesboro, AR

~~138~~
~~9.5~~ 152 135 | 106 | 12 | 81 | 31
~~4.2~~ 3.6 | 21 | 0.9 | ART: 38

ADULT ADMISSION
PSYCHIATRIC EVALUATION

Past Medical / Surgical History / Allergies: NKA

Surg. hx: hernia repair

PMH: intermittent OD

HABITS:

Lifetime history of alcohol / drug abuse: Denies

Legal status: domestic battery 2011

Denies upcoming court dates

MENTAL STATUS EXAM: BP: 153/75 P: 99 R: 16 SaO₂: 98% RA T: 98

Appearance: stated age. minimally cooperative. Tall, poor eye contact, staring at floor, head supported by hands

Mood / Affect: "Sleepy" irritable, agitated

Speech:

language intact

Intellectual function: SSI

(Semester) Dot A → kicked out bc

"they misconstrued something (such as a threat)"

THOUGHTS:

Process: linear & perceives on corruptness of Government

Content: "If I could die without pain, I would take that." TI - toward corrupt government officials

Delusions: Denies nihilistic viewpoint

STEBBINS, DAVID
PT: SV0131867699
SEX: M DOB:
DT: 04/26/2015

8 AGE: 026
MR:SM07090944



SBU03012

ST. BERNARDS
MEDICAL CENTER
Behavioral Health Unit
Jonesboro, AR

ADULT ADMISSION
PSYCHIATRIC EVALUATION

Perceptual Disorders / Hallucination: Denies AVH
"How would I know if they are real or not?"

COGNITION:

Orientation: AAOx1

Judgment / Insight: Poor & in

Memory / Retention / Recall:

313 at 5 minute recall

FC: 313

Remote:

intact

Cenc. 515

Recent:

intact

Immediate:

intact

Abstracting ability:

good

SAFETY:

Violence to self or others in previous year: No

Homicidal: No

Suicide plan or attempt within 1 year: (y)

Markedly decreased daily function:

STRENGTHS: (Circle all that apply—minimum of two)

VERBAL

FAMILY SUPPORTIVE

GOOD PHYSICAL HEALTH

MOTIVATED

INTELLIGENT / INSIGHTFUL

EMPLOYED

ATHLETIC

COOPERATIVE

OTHER:

WEAKNESSES: (Circle all that apply)

POOR PHYSICAL HEALTH

CHAOTIC SOCIAL SITUATION

NOT COOPERATIVE

LIMITED COGNITIVE ABILITIES

IMPULSIVE

DECREASED AUDIO/VISUAL ACUITY

LACK OF INSIGHT

TREATMENT NON-COMPLIANCE

CHRONIC MENTAL

ILLNESS

LEGAL PROBLEMS

SCHOOL PROBLEMS

OTHER:

STEBBINS, DAVID
PT: SV01318676^{qa}
SEX: M DOB:
RDT: 04/25/2015

AGE: 026
MR:SM07090944



SBH03012

ST. BERNARDS
MEDICAL CENTER
Behavioral Health Unit
Jonesboro, AR

ADULT ADMISSION
PSYCHIATRIC EVALUATION

DIAGNOSIS:

AXIS I: MDD-R-S

Aspergers

r/o FED r/o Delusional

AXIS II: Cluster B Traits - narcissistic, antisocial

AXIS III: Recent OB i bleach

AXIS IV: primary /social/ legal

AXIS V: Current Global Assessment of Function 28 Highest Past Year _____

EVALUATION:

LABS (CIRCLE): TSH

HEMOGRAM

LFTIS

CMP

BMP

URINE DRUG SCREEN

UA / PREG

UDS (Completed at presentation)

Other Labs: B12

Drug Level (Name): _____

TREATMENT:

Medications:

Foliot 50mg
Collateral

Daily therapy

Therapies:

Group

Family

Individual

Activity Therapy

MILIEU: Therapeutic Level System

Medication Teaching

Nursing Education Group

Prognosis:

Estimated Length of Stay: 4-6 days

Physician Signature: [Signature]

Date/Time: 4/26/09 12:00

Mallory Broadway, BNP
4-26-15 1035

12/Dec. 2, 2015: 1:13PM707417231

AR REHAB SERV

No. 2423 Pr. 101/02

STATE OF ARKANSAS



Asa Hutchinson
Governor

Department of Career Education
Arkansas Rehabilitation Services
D. Alan McClain, Commissioner

Dr. Charisse Childers
Director

Arkansas Rehabilitation Services

Kevin Cook, MA, CRC
Vocational Rehabilitation Counselor

FAX

CONFIDENTIAL

To: Robert Franal/Vantage Point

Fax Number: 870-741-2722

From: Kevin Cook, MA, CRC

Fax Number: 870-741-7231

Date: 12/01/2015

Regarding: Medical Recorder for present or past 3 years -

Number of Pages: 1

Phone Number for follow-up: 870-741-7153

X
NO records on
4/15 patient

COMMENTS: Medical Recorder for eligibility for services. If you have any questions please call 870-741-7180 for Caterina Matheny, Administrative Specialist II or the Counselor Kevin Cook on Tuesday and Thursday at 870-741-7153 or on Monday, Wednesdays, and Friday at 479-583-1286. Thank you.

PROHIBITION OF REDISCLOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS THAT ARE CONFIDENTIAL. YOU ARE PROHIBITED FROM USING THE INFORMATION FOR OTHER THAN THE STATED PURPOSE, FROM DISCLOSING IT TO ANY OTHER PARTY WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, AND ARE REQUIRED TO DESTROY THE INFORMATION AFTER THE STATED NEED HAS BEEN MET OR AS OTHERWISE PERMITTED BY LAW. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE.

Client Contact Note

Client Name: David Stebbins

Date: 12/03/2015

Description: Client Contact

Whose Note: KEVIN COOK

For Program: VR

Status: 02

Type of Correspondence
Contact:

[Flag this Contact Note?](#)

Note:

Email from Mr. Stebbins:

-----Original Message-----

From: David Stebbins [mailto:stebbinsd@yahoo.com]

Sent: Thursday, December 3, 2015 10:50 AM

To: Kevin Cook

Subject: RE: Another extenuating circumstance

You said you would get back to me by Thursday. Well, what's the status?

David,

I must get your additional medical records first (which we sent for) and then I will have you come in regarding your case and potential services. Received reply requesting Dr. Robert Frerral's medical record's at Vantage Point and they say they have "no records on this patient." Was this the right place or is there another place for this Doctor?

Thank you

Client Contact Note

Client Name: David Stebbins

Date: 12/09/2015
Description: Contact

Whose Note: KEVIN COOK

For Program: VR
Status: 02

Type of Contact: Correspondence

[Flag this Contact Note?](#)

Note:

Hey, didn't you tell me, yesterday, that you were going to follow up and give me more details?
Where are the details?

On Mon, 12/7/15, Kevin Cook <Kevin.Cook@arkansas.gov> wrote:

Subject: RE: Another extenuating circumstance
To: "David Stebbins" <stebbinsd@yahoo.com>
Date: Monday, December 7, 2015, 10:04 AM

David,

As I told you we allow 60 days to get medical records.
Everything is going well and I am researching to see how we can assist you. More later very busy.

Thanks

-----Original Message-----

From: David Stebbins [mailto:stebbinsd@yahoo.com]

Sent: Friday, December 4, 2015 5:50 PM
To: Kevin Cook

Contact Note: 12/09/2015 09:53:17 AM - Contact (David Stebbins, XXX-XX

'S... Page 2 of 2

Subject: RE: Another extenuating circumstance

So, you can't even file a petition in court to compel them to produce it?

Assign this as a task to:

Client Contact Note

Client Name: David Stebbins

Date: 12/04/2015

Description: Client Contact

Whose Note: LORRAINE MILLER CRC

For Program: VR

Status: 02

Type of Contact: Phone

[Flag this Contact Note?](#)

Note:

I was asked to speak with David on this date. He was quite agitated, and (I assume) wanted to speak with a supervisor about his counselor. Our District Manager was not available and I was asked to talk to him. I was told by the person answering his call that he had been "yelling" at her. When I picked up the phone and asked him his name, and how to spell it, etc., he asked if he could give me his number so I could call him back, which I promptly did. He sounded very, very anxious, was breathing hard, talking very fast, etc. At one point, I counseled with him on trying to calm himself down. He was upset because he had requested an exception to the service provision policy so he could get his school expenses paid. He wants to go to Arkansas Tech in Russellville, and will need to live in the dorm, and go to summer school since he would have to give up his apartment in Harrison. I asked what he wants to study, and he said computers. I inquired about his taking some online classes, but he did not think there were many he could take. He asked if I thought his request for ARS spending more than the allowed amount would be approved, and I told him I had no idea about that. I told him I seldom ask for an exception, and the requests aren't always approved. He wanted a different counselor, and said he wanted one that would be in Harrison more. I told him there was only one other counselor and I was not certain how many days she was in the Harrison office, as a large territory was served out of that office. He was most upset because he said his counselor had told him he would let him know on Thursday about his request for services exceeding the

allowed amount. He said it was unprofessional that his counselor had not let him know since he had said he would tell him on Thursday. I explained that maybe his counselor had not been able to discuss the situation with his supervisor yet. At any rate, I did tell him I would talk to his counselor and ask him to call him today, and if he could not, I would try to call and update him on his request. He said he wanted a phone call, not an email. LM

Assign this as a task to:

Client Contact Note

Client Name: David Stebbins

Date: 12/08/2015

Description: Client Contact

Whose Note:

For Program: VR

Status: 02

Type of Contact: Phone

[Flag this Contact Note?](#)

Note:

aa McGehee Received call from client around 2:20 p.m. on 12/08/2015 and he was very rude and yelling. He was insisting to talk to Kevin Cook and I tried to explain Kevin was not in the office. He would get quite and start whispering like he had someone else to talk to but it sounded very strange as he was doing the whispering. I ask him to please calm down so I could explain and he would not stop so I told him to hold please so I could possibly get him help and he was still screaming as I put him on hold and I transferred the call to Caterina at this point because he did not want to listen to me at all.

Assign this as a task to: | |

Client Contact Note

Client Name: David Stebbins

Date: 12/08/2015

Description: Client Contact

Whose Note: CATERINA MATHENY

For Program: VR

Status: 02

Type of Contact: Phone

[Flag this Contact Note?](#)

Note:

David call looking for his Counselor Kevin Cook, and ask regarding information did we receive the medical records. I told him we have not received records. He ask who didn't send the information and I told who didn't send yet and he would try to find out why at 2:20pm, then call back at 3:20pm in a high voice yelling and would not calm down, client state that he call Crossroads Medical Clinic and was hand up on him, tried again his call wouldn't go through, I had to forward the call to Alana Walls to help with the client. ccm

Assign this as a task to: | |

Client Contact Note

Client Name: David Stebbins

Date: 12/08/2015

Description: Case Note

Whose Note: ALANA WALLS

For Program: VR

Status: 02

Type of Contact: Phone

[Flag this Contact Note?](#)

Note:

CRC was transferred a phone call around 3:25 from Mr. Stebbins. Mr. Stebbins sounded short of breath and emotionally upset as was noticeable from his rapid speech and volume. Mr. Stebbins was questioning why Mr. Cook has not made any progress in his case and what else he needed to provide the agency to send him to a doctor for a diagnosis. CRC explained to him the need for a documented disability from a doctor in order to be determined eligible. Mr. Stebbins' verbal behavior and temper continued to escalate and CRC told him that she did not have to listen to his abusive language and that if he would calm down an attempt would be made to explain our eligibility policy. He continued to ask the same questions regarding why the information he had already supplied was not enough. He began to yell and CRC told him that she was not going to continue the conversation, wished him a good afternoon and hung up. A call was made to Amy Jones, District Manager, advising her of the telephone encounter.

Assign this as a task to: | |

Client Contact Note

Client Name: David Stebbins

Date: 12/08/2015

Description: case update- contact with client

Whose Note: AMY JONES CRC

For Program:

Status:

Type of
Contact:

[Flag this Contact Note?](#)

Note:

I received a message from Anita on 12/4 to contact David. Anita stated that David was screaming at her on the phone and very angry that he got my voicemail. Anita then asked Lorraine Miller to take David's call. Lorraine expressed her concern about David's conversation and she documented her conversation in the ECF. I tried to return David's call and there was no answer.

I received a call today from Alana Walls that David called the Harrison office and she was very concerned about the safety of the staff because of David's behavior on the phone and she wanted to call the police.

I called David and spoke to him today regarding his case and his behavior to the staff.

David was yelling, angry and breathing very heavy and rapid. I tried to calm him down and expressed my concern for his well being. David is angry because he had not received a call back from Kevin. I explained that I was unable to contact David, so it was possible that Kevin was also unable to. I also explained our services and the process for collecting medical records, 60 days to determine eligibility and assessments necessary to develop the IPE. David's application was 12/1 and ROI's have been sent. I asked David how he was referred to ARS and he stated that Disability Rights referred him to us because they could not help him sue the Government. David stated that the government is harassing him and that is partially why he is so angry with our agency- because we are a government agency.

David wants to go to college and is requesting that our agency pay to move him, pay for housing and pay full tuition and fees. I explained our process for eligibility and plan development again. I asked David about college experience. He stated to Kevin that he has \$40,000 in student loans but only a couple of credits. David stated that he was thrown out of the U of A in Fayetteville in the Fall of 20007 for making threats. I asked what threats he made and he stated he doesn't know it's a 20 page report. David stated he then went to NAC and teachers provided him accommodations by pulling him aside to explain his behavior was abusive rather than calling it out in class. However, David was unable to complete most of his semesters.

David stated that he was discharged from St. Bernard's last April and has not received any treatment or care since then. I asked about discharge report and recommendations and David said he was told to go somewhere and went one time but that was it.

I expressed my concern for David's well being and mental stability based on the conversation we were having, throughout the conversation David maintain his escalated voice and rapid breathing and extreme agitation. I asked about family and friends or any support system that I could contact regarding my concern and David stated he hated his f***ing family and that was a 2 hour story. I stated that I didn't want the 2 hour story, I just wanted to see if anyone was available to help him. David stated that if he called me a fucking bitch fagot he would understand why I would be offended or feel threatened. But if he is just expressing his anger that I should understand. He can't control his anger especially when he cant get any answers. I explained our system and answered all his questions. I stated that I would speak to Kevin and to our psych examiner and would try to call him back tomorrow.

I spoke to Leslie about the case and she did not think he needed to be scheduled in any office at this time due to his instability.

I called Carl to explain the situation and he stated that we needed to contact the police to let them know of the harassing calls and threatening behavior. He stated that we needed to call a psychiatric facility for mandated reporting regarding our concern for his well being. I also informed the Harrison Office staff to keep doors from lobby to office area locked at all times. If David comes to the office they need to notify the police immediately. If David calls the office he is to be directed only to me from now on. I will follow-up tomorrow with this situation. I will inform the Fayetteville Office first thing in the morning as the office is currently closed. AJ

Assign this as a task to:

Harrison Police Department**Dispatch Call Detail****Call #: C230993 - REQUEST TO SPEAK WITH AN OFFICER**

Received Date/Time: 12/08/2015 10:57:55

Taken By: Lane, Melissa

Cleared Date/Time: 12/08/2015 17:06:46

Caller Name: WALLS, ALANA

Cleared By: Lane, Melissa

Phone: (870) 204 - 0778

Caller Loc.:

Location: 116 S Spring

Units Dispatched							
	Dispatched	Enroute	Arrived	Transport	Trans Dist.	Cleared	Mileage
17 - Babb, Jonathan (HPD)	12/08/2015 10:59:59	12/08/2015 17:00:01	12/08/2015 17:00:01			12/08/2015 17:06:42	

Narrative

Date/Time	Dispatcher	Narrative
12/08/2015 10:58	Lane, Melissa	ALANA WALLS WITH THE DEPARTMENT OF CAREER EDUCATION ARKANSAS REHAB CONTACTED THE HPD TO MAKE A REPORT. // PTL BABB ADVISED WALLS OF HER OPTIONS. OFFICER ADVISED WALLS STATED A DAVID STEBBINS HAD CALLED AND WAS RUDE OVER THE PHONE. NO REPORT

Disposition

No Report Required, Advised of rights.

Incident**Association**

Client Contact Note

Client Name: David Stebbins

Date: 12/09/2015

Description: review of client history

Whose Note: AMY JONES CRC

For Program:

Status:

Type of
Contact:

[Flag this Contact Note?](#)

Note:

I reviewed the partial hospital records that David provided to Kevin and the Dr. stated that David did not and would not provide them with a medical history.. It stated that David was arrested for domestic battery against his father. David stated to DM that he was thrown out of U of A for making threats. DM read court documents and found very disturbing facts about the case. David made threats to numerous employees at the U of A to the point of terroristic threatening. Based on David's actions / inappropriate communication with ARS staff I do not believe that David is mentally stable enough at this time for a VR program. I also feel that he is a threat to my staff and do not feel comfortable setting him up for RIDAC or sending him to anyone's office. After Alana's interaction with David yesterday she called the police to notify them of the incident. I will communicate to David that his case is being closed.

<http://www.leagle.com/decision/In%20FDCO%2020121228D71/STEBBINS%20v.%20UNIVERSITY%20OF%20ARKANSAS>

Assign this as a task to:

Client Contact Note

Client Name: David Stebbins

Date: 12/09/2015

Description: update on medical hx- client case file

Whose Note: AMY JONES CRC

For Program:

Status:

Type of
Contact:

[Flag this Contact Note?](#)

Note:

I spoke to David on this date regarding his case. I explained that I had reviewed his medical documentation again and I wanted to clarify where the remainder of his most recent records were. He was in Jonesboro in April 2015 for medical treatment. He was transported to the ER because of an attempted suicide. I asked David where he was treated / transferred to from the ER. David stated that he was treated for 1-2 weeks at St. Bernard's Behavior Clinic. David stated he was released from the clinic on April 30th. I explained that I would like to review those records because I believe they will have the latest psych eval on file. I also wanted to see what his discharge papers recommend for further or ongoing treatment. David stated that he could not remember the name of the therapist he saw after treatment. I explained that it was possibly on the report that David lost when his computer crashed. David told me to send a ROI to St. Bernard's for his records. I stated that I would do just that and once I had the records I would notify David. AJ

Assign this as a task to:

Harrison Police Department**Dispatch Call Detail****Call #: C231014 - REQUEST TO SPEAK WITH AN OFFICER**

Received Date/Time: 12/09/2015 09:33:30

Taken By: Hanlin, Katherine

Cleared Date/Time: 12/09/2015 09:58:28

Caller Name DAUGHTERY, CARL

Cleared By: Hanlin, Katherine

Phone: (501) 944 - 5782

Caller Loc.:

Location: 715 W Sherman E

Units Dispatched

	Dispatched	Enroute	Arrived	Transport	Trans Dest	Cleared	Mileage
3 - Waldon, Justin (HPD)	12/09/2015 09:58:20					12/09/2015 09:58:22	

Narrative

Date/Time	Dispatcher	Narrative
12/09/2015 09:33	Hanlin, Katherine	CARL DAUGHTERY WITH ARKANSAS REHABILITATION SERVICES CONTACTED THE HPD REQUESTING TO SPEAK WITH AN OFFICER IN REFERENCE TO DAVID STEBBINS WHO HAS MADE PREVIOUS THREATS TO SEVERAL LOCATIONS, INCLUDING THE UNIVERSITY OF ARKANSAS. DAUGHTERY STATED WHEN THEY SPEAK WITH STEBBINS, HE BECOMES EXTREMELY HOSTILE AND REFUSES TO CALM DOWN. // SGT WALDON SPOKE WITH DAUGHTERY WHO ONLY REQUESTED THE INFORMATION BE NOTED. NO REPORT.

Dispositions

No Report Required.

Incidents**Association**

Amy Jones

From: Emma McGehee
Sent: Wednesday, December 9, 2015 11:54 AM
To: Amy Jones
Subject: Vantage Point

Vantage point called at 11:45 informing us that David Stebbins had called their office and was very rude and hateful demanding they send his records to us. I explained to her if the records were not current or within the last three years they were not any good to us. She was going to call David Stebbins back and inform him their records are no good to us because they are records from 2006. She kept pointing out how frustrated, hateful and rude he was. I told her thank you and have a great day.

Emma McGehee

Administrative Assistant
Arkansas Rehabilitation Services
715 W. Sherman Ave. Suite E
Harrison Ar. 72601
(870) 741-7153

Carl Daughtery:

Amy Jones:

On 12-8-15 our office received a call from David Stebbins regarding his concern about the lack of progress in his case moving forward. I heard our AA, Caterina Methany, getting frustrated and I stepped out and told her to transfer the call to me.

I attempted to talk with Mr. Stebbins but the volume of his voice continued to escalate. Mr. Stebbins wanted to know why his case had not progressed and what other information he needed to supply. I explained to Mr. Stebbins that we needed a letter from a doctor with a documented disability so that we could determine eligibility for services. He began yelling and sounding short of breath. He said that he had already turned in the information to our agency. I told him that I did not have that information with me at the time but if he would call me a little after 4:00 that I would have time to review his paperwork and tell him what else was needed.

Mr. Stebbins would not listen to what I was explaining to him and his verbal outrage continued. I told Mr. Stebbins that I did not have to listen to his abusive language and that I was going to hang up the phone. He did not stop. I told him I wished him a good day, good bye and hung up.

I called Amy Jones, Area 1 District Manager, and advised her of the above conversation. She stated that she would talk with our Field Services Director, Carl Daughtery and would get back with me. At some point either Amy or I discussed locking the doors at the office, which we did.

I received a call from Amy after she had spoken with Carl Daughtery regarding her concerns. She stated that I should call the police and make them aware of the situation and contact a psychiatric facility in our area and alert them as well. This was done in an attempt to make the agencies aware of a concern for Mr. Stebbins safety as well as agency personnel.

I called Harrison PD, spoke with dispatch personnel who then transferred me to Officer Babb. I told him of the situation and he said because there was not a specific threat of harm to agency personnel that a report could not be taken but they would make note of the incident.

12-9-2015

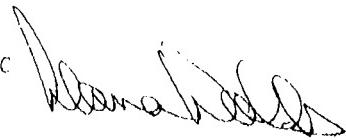
I called Northwest Arkansas Regional Hospital and asked to speak with someone in the Psych unit. I asked to relay the information and was told that their adult Psych unit was not open and operational at the time. I was referred to Health Resources of Arkansas in Harrison. I called the facility and relayed the information to Renee. I then faxed the information we had received from Mr. Stebbins.

Information relayed to these agencies was done so in an effort to protect Mr. Stebbins from self-harm or in the event there may have been a threat of harm to office personnel.

2

Alana Walls, CRC, LAC

12-9-2015

A handwritten signature in black ink that reads "Alana Walls". The signature is fluid and cursive, with "Alana" on top and "Walls" below it.

Client Contact Note

Client Name: David Stebbins

Date: 12/09/2015

Description: Contact

Whose Note: KEVIN COOK

For Program: VR

Status: 02

Type of Contact: Correspondence

[Flag this Contact Note?](#)

Note:

Hey, didn't you tell me, yesterday, that you were going to follow up and give me more details?
Where are the details?

On Mon, 12/7/15, Kevin Cook <Kevin.Cook@arkansas.gov> wrote:

Subject: RE: Another extenuating circumstance

To: "David Stebbins" <stebbinsd@yahoo.com>

Date: Monday, December 7, 2015, 10:04 AM

David,

As I told you we allow 60 days to get medical records.

Everything is going well and I am researching to see how we can assist you. More later very busy.

Thanks

-----Original Message-----

From: David Stebbins [mailto:stebbinsd@yahoo.com]

Sent: Friday, December 4, 2015 5:50 PM

To: Kevin Cook

Contact Note: 12/09/2015 09:53:17 AM - Contact (David Stebbins, XXX-XX

(S... Page 2 of 2

Subject: RE: Another extenuating circumstance

So, you can't even file a petition in court to compel them to produce it?

Assign this as a task to:

Stubbins David A
1407 N Spring Road Apt 5
Harrison, AR 72601
Major: AAS, Business Admin Management
Report date: 09 Dec 15

NORTH ARKANSAS COLLEGE
1515 PIONEER DRIVE
HARRISON, ARKANSAS 72601

Soc Sec Num:
High School Grad. Year: 2007
Sex: Male
Birth date: 29 Dec XXXX
page 1 of 1

Course	Description	Grade	Hours	Points		Course	Description	Grade	Hours	Points
TRANSFER CREDIT UNIVERSITY OF ARKANSAS										
TEST2013 WEST AMER 1077 PRE	CR	3.00								
WCOM1111 PRSH BUS CONNECT	CR	1.00								
Undergrad Attempt	Balanced Points	Divisor	GPA							
Current Term	0.00	4.00	0.00	0.00	0.00					
Cum Undergrad	0.00	4.00	0.00	0.00	0.00					
TRANSFER CREDIT UNIVERSITY OF PHOENIX										
GRN 105 SKLS FOR LRN INFO	CR	3.00								
Undergrad Attempt	Balanced Points	Divisor	GPA							
Current Term	0.00	4.00	0.00	0.00	0.00					
Cum Undergrad	0.00	7.00	0.00	0.00	0.00					
Fall Semester 2008										
BA 1041 PROF IMAGE BUILDING	C	1.00	2.00							
CTS 1103 INTRO TO INFO TECH	B	3.00	9.00							
ENGL1013 ENGLISH COMP I HNR	W	0.00								
MAT 1223 COLLEGE ALGEBRA	B	3.00	9.00							
PHSC1044 INTRO TO ASTRONOMY	W	0.00								
Undergrad Attempt	Balanced Points	Divisor	GPA							
Current Term	7.00	7.00	20.00	7.00	2.86					
Cum Undergrad	7.00	14.00	20.00	7.00	2.86					
Spring Semester 2009										
BA 1003 INTRO TO BUSINESS	A	3.00	12.00							
BA 1103 BUSINESS MATH	A	3.00	12.00							
BA 2713 LEGAL ENVIRON BUSNS	C	3.00	6.00							
ENGL1013 ENGLISH COMP I	C	3.00	6.00							
MM 1303 HUMAN RELATIONS	W	0.00								
SPCHL113 FUND OF ORAT COMM	B	3.00	9.00							
Undergrad Attempt	Balanced Points	Divisor	GPA							
Current Term	15.00	15.00	45.00	15.00	3.00					
Cum Undergrad	22.00	29.00	65.00	22.00	2.95					
Fall Semester 2009										
BA 2003 ACCOUNTING PRIN I	W	0.00								
ECON2113 PRIN OF MACRORCON	W	0.00								
ECON2323 PRIN MTCRORCONOMIC	W	0.00								
MM 1203 PRIN OF MANAGEMENT	W	0.00								
MM 1303 HUMAN RELATIONS	A	3.00	12.00							
Undergrad Attempt	Balanced Points	Divisor	GPA							
Current Term	3.00	3.00	12.00	3.00	4.00					
Cum Undergrad	25.00	32.00	77.00	25.00	3.08					
Spring Semester 2010										
BIOL1304 GENERAL BOTANY	W	0.00								
SOC 2013 INTRO TO SOCIOLOGY	W	0.00								
Undergrad Attempt	Balanced Points	Divisor	GPA							
Current Term	0.00	0.00	0.00	0.00	0.00					
Cum Undergrad	25.00	32.00	77.00	25.00	3.08					
Summer I Semester 2010										
PE 2051 AEROBICS	A	1.00	4.00							
Undergrad Attempt	Balanced Points	Divisor	GPA							
Current Term	1.00	1.00	4.00	1.00	4.00					
Cum Undergrad	26.00	33.00	81.00	26.00	3.12					
** END OF TRANSCRIPT **										

* means repeat of another course
() means course credit not counted

§ means Academic Clemency granted
[] means remedial credit; counted in TERM total only

Charla Jennings

REGISTRAR

RIDAC SERVICE AUTHORIZATION

NAME Stebbins COUNSELOR David
 SSN (First) Jones No.
 D.O.B. (Name) C.O.D.C.

DISABILITY

DISABILITY CODE

EDUCATIONAL LEVEL Some College VOC. INTEREST College training

SERVICE REQUESTED

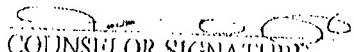
ASSESSMENT PROBLEMS OR QUESTIONS TO BE ADDRESSED

- GENERAL MEDICAL CONSULTATION/GM Review of records &
- MENTAL HEALTH CONSULTATION/MH Recommendation regarding feasibility
- PSYCHOLOGICAL CONSULTATION/PSY of training/VR services
- IND. VOC. EVAL.

COUNSELOR - PLEASE CHECK ALL THAT APPLY

- Client reported a history of taking medication for significant health or mental health problems.
- Client reported a history of Drug _____ and Alcohol Abuse
- Client reported a history of Mental Health Problems (with _____ without _____ assessment/treatment)
(records available unavailable)
- Client reported a history of Special Ed. (I.D. or MR) (with _____ without _____ assessment)
(records available unavailable)
- Client reported a history of sheltered workshop or supported employment placement
- Client unable to Read/Write
- Client reported a history of Head Injury
- Client reported a history of Legal Problems/Convictions
- Client reported a history of Vision _____ Hearing _____ Problems
Accommodations required

[Please request clients bring a list of medications currently being (or to be) taken to the RIDAC Evaluation.
Also, request clients bring prescription eye wear if required for reading or hearing aids to the evaluation.]


COUNSELOR SIGNATURE

 COUNSELOR NO.

12-14-15
DATE

**REHABILITATION INITIAL DIAGNOSIS AND ASSESSMENT FOR CLIENTS
ARKANSAS REHABILITATION SERVICES
4058 NORTH COLLEGE AVENUE, SUITE 150, FAYETTEVILLE, AR 72703**

****This confidential report is generated for Arkansas Rehabilitation Services use only for the purposes of determining eligibility and program planning. It is not to be utilized as a stand-alone document for treatment purposes, and is the property of Arkansas Rehabilitation Services. It is not to be released to any third party. ****

RECORDS REVIEW

NAME: David Stebbins
SEX: Male COUNSELOR: Amy Jones
DATE OF BIRTH: DATE OF REVIEW: 12-15-15
REASON FOR REVIEW: to assist in determining feasibility of VR services/training

EVALUATION PROCEDURES

Review of mental health treatment records from St. Bernard's Healthcare dated April 24-30, 2-15

RECORDS REVIEW

Records from St. Bernard's indicated Mr. Stebbins had been transferred to their facility from Northwest Arkansas Regional Medical Center after a suicide attempt. The client received inpatient treatment at St. Bernards from April 24 through April 30. Discharge diagnoses were reported as follows:

Major Depressive Disorder, recurrent, severe
Asperger's' Disorder
Delusional Disorder NOS
Cluster B personality disorder traits (narcissistic and antisocial)

Mr. Stebbins indicated he attempted suicide by drinking bleach after he sued his father and lost. Records indicated he was arrested in 2011 for assaulting his father. Records also indicated he was kicked out of the U of A for making threatening statements. The client reported frustration, anger and depression over his situation. He denied homicidal ideation, but continued to report death wishes if he could 'die without pain'. Treatment records indicated Mr. Stebbins was impulsive, lacked insight, paranoid, irritable and agitated.

Treatment records indicated Mr. Stebbins feels he is chronically targeted by the government and law enforcement because he 'has the brains to be a leader and change things'. He acknowledged perseverative thoughts regarding this issue. A search of public records revealed multiple lawsuits filed by Mr. Stebbins against his parents, Wal-Mart, the U of A, and federal judges. Causes of action were mainly civil rights and discrimination.

At discharge, Mr. Stebbins denied suicidal or homicidal ideation. Safety planning was done and he was discharged home. He has indicated to Amy Jones that he is not currently in treatment for his mental health issues.

DSM-5 DIAGNOSTIC IMPRESSIONS

See client records

VOCATIONAL IMPLICATIONS

Following is a list of ways in which the individual's observed or reported problem areas are likely to be manifested in a vocational setting.

IMPULSIVITY MAY RESULT IN POOR CHOICES IN JOB ENVIRONMENT
DEPRESSION MAY INTERFERE WITH COUNSELING/JOB INTERVIEWS
MAY BE SOURCE OF DISTRACTION TO CO-WORKERS
DIFFICULTY ASSESSING CONSEQUENCES OF DECISION ALTERNATIVES
DIFFICULTY RELATING WITH INSTRUCTORS/STUDENTS/CO-WORKERS
DIFFICULTY PERFORMING WORK TASKS WHICH INVOLVE PEOPLE
DIFFICULTY CHANGING BEHAVIOR TO MEET REQUIREMENTS
EMOTIONAL INTENSITY MAY INTERFERE WITH TASK PERFORMANCE
CONFLICTS MAY PRECLUDE ADEQUATE TASK PERFORMANCE

CONCLUSIONS AND RECOMMENDATIONS

Documentation available, which indicated a history of physical aggression and threatening statements, suggests that Mr. Stebbins is not currently appropriate for vocational rehabilitation services.

A referral to a local mental healthcare provider is strongly recommended. Mr. Stebbins would likely benefit from treatment and the support of a therapeutic relationship. Efforts to work with Mr. Stebbins should be coordinated with his treatment providers. His vocational success will depend on him stabilizing and effectively managing his psychiatric issues.

In order for Mr. Stebbins to be appropriate for ARS services he should be able to demonstrate a period of stable functioning. He will also need to provide documentation from his mental healthcare providers that his symptoms are well-managed and they agree he is ready for training, school or work.

Leslie S. Johnson

Leslie S. Johnson, MS
Licensed Psychological Examiner – Independent Practice

St Bernards Behavioral Health 2712 East Johnson Jonesboro, AR 72401

Patient Name: STEBBINS,DAVID
Account # SV0131867699 Med Rec # SM07090944
Admit Date: 04/25/15 DOB: 12/29/1988 Age: 26 Sex: M
Date and Time: 04/27/15 1600 Status: Signed

Reason for Admission: Depression, Psychosis, Suicidal**History of Present Illness:**

Pt seen and case reviewed, and discussed with staff. Staff report that patient has list of concerns to discuss with patient. On interview, writer initially discussed what led to hospitalization. He reports that he feels as if he has been targeted by law enforcement and the government. He cites an example as when in 2011, he was arrested for assaulting his father. He reports that he sued his father and recently went to trial, representing himself. He reports that on the day of the overdose, the jury found in favor of his father. He reports this triggered the overdose bc he felt as if he could not be happy and not succeed bc of constantly being put down by the government. When asked why the govt would target him, he says "Because they know that I have the brains to be a leader and change things." he appeared frustrated, brushing and pulling his hair bc he reported that he needs to overthrow the current govt structure and lead a revolt. He asked writer about "sovereign immunity and how tx team could help get rid of it.

When asked how the govt knew he had the intellect/skill to be a govt leader, he said "because I went to public school, they have the records."

He shared that if he can accomplish his goals and obtain money, he has a plan to rid the govt of the current corruption. He states that all govt employees would wear a AV camera 24/7 to make sure they don't participate in any corrupt processes in/out of the office. He states that all data would be kept safe unless it was requested.

He reports that this is the source of his frustration, anger, and depression. He acknowledged perseverative thoughts regarding it. Writer suggested that patient focus on something else, consider forgiving his father, letting go since trial is over, and make some shortterm goals. However, pt stated in a condescending way that this was not possible for him.

He also expressed concern for medications, stating that he did not like that Dr. Wise started him on medications, because it would not solve his problem.

He cites his mother as his main support, but also states that she and others believe that he is paranoid.

He reports continued death wishes, desire not to live. He states that being dead would solve his problem.

He acknowledged sleep disturbances. Reports he spends a lot of time pacing, which he considers a coping mechanism. He reports not falling asleep until early am and slept until noon.

- ROS

Psychiatric/Neurological: See HPI

Vital Signs:

Vital Signs

Psychiatric Progress Note

Client Contact Note

Client Name: David Stebbins

Date: 12/16/2015

Description: closure narrative

Whose Note: AMY JONES CRC

For Program:

Status:

Type of
Contact:

[Flag this Contact Note?](#)

Note:

David's case was closed status 08 on this date after determining that he is not feasible for VR services at this time. David's behavior to both Fayetteville and Harrison staff has been hostile at every encounter. David did not want to cooperate in giving his medical information but relented that we could send an ROI to his last place of treatment, St. Bernard's Behavioral unit. Once records were received the RIDAC examiner reviewed records and concluded that David was not feasible for VR services at this time. Based on the Mr. Stebbins interaction with myself and staff, past records and history, and Mr. Stebbins refusal for treatment, I have determined him ineligible for services. I will notify Mr. Stebbins of this decision. I will alert the Harrison office staff to be on alert. AJ

Assign this as a task to:

STATE OF ARKANSAS

Asa Hutchinson
Governor

Charisse Childers, Ph.D.
Director



4058 NORTH COLLEGE ST.,
150,
FAYETTEVILLE, AR 72703
(479)582-1286

<http://www.arsinfo.org>
An Equal Opportunity Employer

Arkansas Career Education
Division of Rehabilitation Services
Alan McClain, Commissioner

December 16, 2015

David Stebbins
123 W. Ridge
D
Harrison, AR 72601

RE: ARKANSAS REHABILITATION SERVICES CERTIFICATE OF INELIGIBILITY

Client Name: David Stebbins
Case Number: 2015/12/16

Dear David Stebbins:

The diagnostic study has been completed, and based on the information I have and to the best of my knowledge and judgment, it does not appear that you are eligible for vocational rehabilitation services. If you are dissatisfied with this decision, you may file a request for an administrative review of this action to be made by a member or members of the supervisory staff of the agency. If dissatisfied with the findings of this review, you will be given an opportunity for a fair hearing. Applicants may be afforded an annual review to determine if any changes have occurred, which may result in a decision of eligibility.

THE REASON(S) FOR THIS DECISION IS:

Mr. Stebbins is not currently appropriate for vocational rehabilitation services. A referral to a local mental healthcare provider is strongly recommended. Mr. Stebbins would likely benefit from treatment and the support of a therapeutic relationship. Efforts to work with Mr. Stebbins should be coordinated with his treatment providers. His vocational success will depend on him stabilizing and effectively managing his psychiatric issues. In order for Mr. Stebbins to be appropriate for ARS services he should be able to demonstrate a period of stable functioning. He will also need to provide documentation from his mental healthcare providers that his symptoms are well-managed and they agree he is ready for training, school or work.

DESCRIBE CLIENT INVOLVEMENT:

DATE FOR ANNUAL REVIEW IS [Insert date]

Sincerely,

AMY JONES CRC
District Manager

STATE OF ARKANSAS

Asa Hutchinson
Governor

Charisse Childers, Ph.D.
Director



4058 NORTH COLLEGE, STE
150,
FAYETTEVILLE, AR 72703
(479)582-1286

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Arkansas Career Education
Division of Rehabilitation Services
Alan McClellan, Commissioner

December 17, 2015

David Stebbins
123 W. Ridge
D
Harrison, AR 72601

Dear David Stebbins:

Your case and records have been carefully reviewed and assessed by ARS. It has been determined that vocational rehabilitation services are not appropriate at this time.

The Licensed Psychological examiner has reported that a referral to a local mental healthcare provider is strongly recommended. Mr. Stebbins would likely benefit from treatment and the support of a therapeutic relationship. Efforts to work with Mr. Stebbins should be coordinated with his treatment providers. His vocational success will depend on him stabilizing and effectively managing his psychiatric issues. In order for Mr. Stebbins to be appropriate for ARS services he should be able to demonstrate a period of stable functioning. He will also need to provide documentation from his mental healthcare providers that his symptoms are well-managed and they agree he is ready for training, school or work.

After you have met the requirements for vocational rehabilitation services and can provide documentation of treatment, stability and recommendations from providers that you are ready for training, school or work, we will reassess your vocational service needs.

Best Regards,
AMY JONES CRC
District Manager